

New Customer Registration and Prescription Order Form

INSTRUCTIONS: Send this form, your new prescription(s), and mail with payment to *RightSource*

New Customers: Please complete all portions of this form to register with *RightSource*

Existing Customers: Please fill out the information that has changed since you registered

- Print all information clearly in **CAPITAL LETTERS** using **BLUE** or **BLACK** ink
 - Fill in the applicable circles completely (●)
 - You can order refills, verify benefit information, and check order status by logging in to RightSourceRx.com
 - Customer Care Associates can be reached at 1-800-379-0092 (TTY: 1-877-833-4486)
- Weekdays, 8:30 a.m. to 7 p.m. and Saturday, 9 a.m. to 1 p.m., Eastern time

STEP 1 – Customer Information

Subscriber Member ID Number (found on Humana ID card) _____

Subscriber First Name _____

Subscriber Last Name _____

MI _____

Gender: ☐ Male ☐ Female

Date of Birth: _____ - _____ - _____

Street Number _____

Street Name _____

Apt/Suite Number _____

City _____

State _____

ZIP Code _____

The Above Address is: ☐ One Time Only ☐ Permanent ☐ Temporary Until: _____ - _____ - _____

Daytime Phone Number _____

Evening Phone Number _____

Email Address: _____

Allergies (Please indicate below):

- ☐ No Known
- ☐ Sulfa
- ☐ Codeine
- ☐ Aspirin
- ☐ Penicillin
- ☐ Peanuts
- ☐ Other (Please Specify): _____

Health Conditions (Please indicate below):

- ☐ No Known
- ☐ GERD (Acid Reflux)
- ☐ Glaucoma
- ☐ Arthritis
- ☐ High Cholesterol
- ☐ Migraines
- ☐ Asthma
- ☐ Heart Disease
- ☐ Osteoporosis
- ☐ Diabetes
- ☐ High Blood Pressure
- ☐ Thyroid Disease
- ☐ Other (Please Specify): _____

Prescribing Physician First Name _____

Prescribing Physician Last Name _____

Physician Phone Number _____

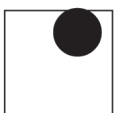
☐ I would like

☐ I prefer brand-name medications only. I

Easy-Open Caps

understand this request may lead to a higher cost.

Note: Prescriptions may be filled or processed by any of the *RightSource* pharmacies. In order to comply with certain federal and state laws, and to ensure the integrity of medications dispensed, all *RightSource* sales are final. Payment is due upon shipment. Some health plans require the patient to pay the difference between generic and brand costs. State law permits pharmacists to substitute a less expensive generically equivalent drug for a brand drug unless you or your physician direct otherwise.



MAIL TO: RIGHTSOURCE, PO BOX 29200, PHOENIX, AZ 85038-8976

GHC20125APPW0907



Member ID Number (found on Humana ID card) [] [] [] [] [] [] [] [] [] [] - [] []
Member First Name Member Last Name MI

Date of Birth: - -

☐ No Known ☐ GERD (Acid Reflux) ☐ Glaucoma
☐ Arthritis ☐ High Cholesterol ☐ Migraines
☐ Asthma ☐ Heart Disease ☐ Osteoporosis
☐ Diabetes ☐ High Blood Pressure ☐ Thyroid Disease
☐ Other (Please Specify): _____

☐ I would like Easy-Open Caps ☐ I prefer brand-name medications only. I understand this request may lead to a higher cost.

Standard shipping is FREE. *RightSource* will expedite refrigerated shipments at no additional cost. If you want expedited shipping, you are responsible for the cost of SPECIAL SHIPPING. Special shipping will expedite carrier delivery time only. It will not affect order processing. These costs may be subject to change by carrier without prior notification.

Please ship my order: ☐ Standard Delivery: \$0.00 ☐ Expedited: \$17.00

Total Payment Enclosed: \$ _____

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